

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K09414 (9)

1. Corporation Name

CHEMCO CORP.



Principal Place of Business

9112 NW 105 WAY
MEDLEY FL 33178
US

Mailing Address

9112 NW 105 WAY
MEDLEY FL 33178
US

3. Date Incorporated or Qualified

12/29/1987

3a. Date of Last Report

03/03/1995

4. FEI Number

65-0023778

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SQUADRITO, JEROME
3400 GALT OCEAN DR
FT. LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name

Eitelberg Montarroyos

82 Street Address (P.O. Box Number is Not Acceptable)

16701 S.W. 90th AVE

83

84 City

Miami

FL

85 Zip Code

33157

11. Pursuant to the provisions of Sections 607.02 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, the Florida Statutes.

SIGNATURE *Amy Montarroyos*
Signature, typed or printed name of registered agent, and in all applicable

Eitelberg Montarroyos, PRES.
NOTE: Registered Agent signature required when not stating

DATE *2/4/96*

12. OFFICERS AND DIRECTORS

TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	SQUADRITO, JEROME	
STREET ADDRESS	3400 GALT OCEAN DRIVE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	SQUADRITO, ROBERT	
STREET ADDRESS	3717 NW 50TH ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MONTARROYOS, EITELBERG	
STREET ADDRESS	13453 SW 179 ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	MONTARROYOS, AMY	
STREET ADDRESS	13453 SW 179 ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	EITELBERG MONTARROYOS	
1.3 STREET ADDRESS	16701 S.W. 90 AVE	
1.4 CITY-ST-ZIP	MIAMI, FLA 33157	
2.1 TITLE	VICE PRESIDENT VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	AMY MONTARROYOS	
2.3 STREET ADDRESS	16701 S.W. 90 AVE	
2.4 CITY-ST-ZIP	MIAMI, FL 33157	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Amy Montarroyos*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/96 *887-6666*
Date Daytime Phone

CR2E034 (12/95)

3-25-1996